

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36549 / 41963

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MOVEON.ORG POLITICAL ACTION**A.** Full Name (Last, First, Middle Initial)  
JOHN HALL FOR CONGRESS

Mailing Address PO Box 469

City Beacon State NY Zip Code 12508

Purpose of Disbursement  
Earmark ContributionCandidate Name  
JOHN JOSEPH HALLCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: BB3433383

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	0	9

Amount of Each Disbursement this Period

5.00

**[MEMO ITEM]**

Earmark From: F W Wanzenberg

**B.** Full Name (Last, First, Middle Initial)  
JOHN HALL FOR CONGRESS

Mailing Address PO Box 469

City Beacon State NY Zip Code 12508

Purpose of Disbursement  
Earmark ContributionCandidate Name  
JOHN JOSEPH HALLCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: BB3428795

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	0	9

Amount of Each Disbursement this Period

5.00

**[MEMO ITEM]**

Earmark From: Kyle Waranis

**C.** Full Name (Last, First, Middle Initial)  
JOHN HALL FOR CONGRESS

Mailing Address PO Box 469

City Beacon State NY Zip Code 12508

Purpose of Disbursement  
Earmark ContributionCandidate Name  
JOHN JOSEPH HALLCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: BB3428341

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	0	9

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**

Earmark From: Mildred A Ward

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....